M100000004132

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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200438041272

RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 733021 8331866

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: October 30, 2024

ORDER TIME : 11:25 AM

ORDER NO. : 733021-450

CUSTOMER NO: 8331866

FOREIGN FILINGS

	NAME:	RT	ELKTON,	LLC	2			
	CORPORAT LIMITED LIMITED	PARTNI	ERSHIP LITY COMI	PANY	í			
XXXX	WITHDRAWA	AL/CAN	CELLATIO	1				
PLEAS	E RETURN	THE FO	OLLOWING	λS	PROOF	OF	FILING:	
<u> </u>	PLAIN		OPY ED COPY OF STATI	IC				

CONTACT PERSON: Amanda Miller - EXT#

EXAMINER:

COVER LETTER

	legistratio Division of	n Section Corporations		
ellb ir.ca		kton, LLC		
SUBJECT	ı:	(Name of For	eign Limited Liability	Company)
Dear Sir o	r Madam:			
The enclos	sed withdr	rawal and fee(s) are submitte	d for filing.	
Please retu	ım all con	respondence concerning this	matter to the followin	g:
				_
		(Name of Person)		
		(Firm/Company)		_
		(Address)		
		(City/State and Zip Cod	е)	_
For further	r informat	ion concerning this matter, p	olease call:	
	(N	ame of Person)	at (_)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed	is a check	for the following amount:		
□\$25 Fil	ing Fee	☐ \$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

RT Elkton, LLC						
	(Name of limited lia	ability company)				
Delaware						
	(Jurisdiction of its	organization)	-			_
10/26/2010						
(Dat	e registered with Flori	da Department of S	tate)			_
M10000004732						
	(Florida Docum	ent Number)				_
This limited liability company	is withdrawing its c	ertificate of autho	ority in this sta	ite.		
Effective Date, if other than the (If an effective date is listed, to more than 90 days after filing Note: If the date inserted in the this date will not be listed as to	he date must be spec .) his block does not me	eet the applicable	statutory filing	g requir	g or ement	
	/s/ MELANII		ve)	iallahassee.	2024 NOV -	77
Melanie Martin,	Authorized Represent	ative		SEE	-8 -	
	(Typed or printe	d name of signee))	FLORID	1 ፡ II ש	
		CS	SC 733021	RIDE RIDE	: 44	

Filing Fee: \$25.00